

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature		<input type="checkbox"/> Agent
X <i>Warden Boyd</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
		<i>11-07-07</i>
address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No		

|||||

Warden Boyd
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

07cv979

~~PROSECUTOR~~

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7006 2760 0005 4873 0454

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt